



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903
(401) 274-4400 - TDD (401) 453-0410

Peter F. Kilmartin, Attorney General

ADULT DIVERSION UNIT

Consent for Release of Confidential Information

Name: _____ DOB: _____

I, _____ hereby authorize the:

Adult Diversion Unit
Department of Attorney General
150 South Main Street
Providence, RI 02903

to release to:

Office of Health Professionals Regulation
Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908

Information regarding charges filed on _____, and the status of this pending felony case. This information has been requested by the Rhode Island Department of Health.

I understand that the execution of this form is voluntary, and that I may withdraw this consent by giving written notice to the above named agency at anytime prior to the disclosure or release of information. In the absence of prior withdrawal, this release will automatically expire one (1) year after my signing.

Signature Date

Witness Signature Date